

states at the Tokyo donors conference and elsewhere have been delivered to Afghanistan, imperiling the rebuilding and development of civil society and infrastructure, and endangering peace and security in that war-torn country.

(b) Sense of Congress

It is the sense of Congress that the United States should use all appropriate diplomatic means to encourage all states that have pledged assistance to Afghanistan to deliver as soon as possible the total amount of assistance pledged.

(c) Reports

(1) In general

The Secretary of State shall submit reports to the Committee on Foreign Relations and the Committee on Appropriations of the Senate and the Committee on International Relations and the Committee on Appropriations of the House of Representatives, in accordance with this paragraph, on the status of contributions of assistance from donor states to Afghanistan. The first report shall be submitted not later than 60 days after December 4, 2002, the second report shall be submitted 90 days thereafter, and subsequent reports shall be submitted every 180 days thereafter through December 31, 2004.

(2) Further requirements

Each report, which shall be unclassified and posted upon the Department of State's Internet website, shall include, by donor country, the total amount pledged, the amount delivered within the previous 60 days, the total amount of assistance delivered, the type of assistance and type of projects supported by the assistance.

(Pub. L. 107-327, title III, §303, Dec. 4, 2002, 116 Stat. 2812.)

SECTION REFERRED TO IN OTHER SECTIONS

This section is referred to in section 7554 of this title.

§ 7554. Reports

The Secretary of State shall submit reports to the Committees on Foreign Relations and Appropriations of the Senate, and the Committees on International Relations and Appropriations of the House of Representatives on progress made in accomplishing the "Purposes of Assistance" set forth in section 7512 of this title utilizing assistance provided by the United States for Afghanistan. The first report shall be submitted no later than December 31, 2003, and subsequent reports shall be submitted in conjunction with reports required under section 7553 of this title and thereafter through December 31, 2004.

(Pub. L. 107-327, title III, §304, as added Pub. L. 108-106, title II, §2215(c), Nov. 6, 2003, 117 Stat. 1233.)

CHAPTER 83—UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS, AND MALARIA

- | | |
|-------|---|
| Sec. | |
| 7601. | Findings. |
| 7602. | Definitions. |
| 7603. | Purpose. |
| 7604. | Authority to consolidate and combine reports. |

Sec.
SUBCHAPTER I—POLICY PLANNING AND COORDINATION

- | | |
|-------|--|
| 7611. | Development of a comprehensive, five-year, global strategy.
(a) Strategy.
(b) Report.
(c) Study; distribution of resources. |
| 7612. | HIV/AIDS response Coordinator.
(a) Omitted.
(b) Resources.
(c) Establishment of separate account. |

SUBCHAPTER II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

- | | |
|-------|--|
| 7621. | Sense of Congress on public-private partnerships.
(a) Findings.
(b) Sense of Congress. |
| 7622. | Participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.
(a) Findings.
(b) Authority for United States participation.
(c) Reports to Congress.
(d) United States financial participation.
(e) Interagency technical review panel.
(f) Monitoring by Comptroller General.
(g) Provision of information to Congress.
(h) Sense of the Congress regarding encouragement of private contributions to the Global Fund. |

SUBCHAPTER III—BILATERAL EFFORTS

PART A—GENERAL ASSISTANCE AND PROGRAMS

- | | |
|-------|---|
| 7631. | Assistance to combat HIV/AIDS.
(a) Omitted.
(b) Authorization of appropriations.
(c) Relationship to assistance programs to enhance nutrition.
(d) Eligibility for assistance.
(e) Limitation.
(f) Limitation.
(g) Sense of Congress relating to food assistance for individuals living with HIV/AIDS. |
| 7632. | Authorization of appropriations to combat tuberculosis. |
| 7633. | Authorization of appropriations to combat malaria. |
| 7634. | Pilot program for the placement of health care professionals in overseas areas severely affected by HIV/AIDS, tuberculosis, and malaria.
(a) In general.
(b) Requirements.
(c) Eligibility requirements.
(d) Recruitment.
(e) Placement of participants.
(f) Incentives.
(g) Report.
(h) Authorization of appropriations. |
| 7635. | Report on treatment activities by relevant executive branch agencies.
(a) In general.
(b) Report elements. |
| 7636. | Study on illegal diversions of prescription drugs. |

PART B—ASSISTANCE FOR CHILDREN AND FAMILIES

- | | |
|-------|---|
| 7651. | Findings. |
| 7652. | Policy and requirements.
(a) Policy.
(b) Requirements. |
| 7653. | Annual reports on prevention of mother-to-child transmission of the HIV infection.
(a) In general. |

Sec.

- (b) Report elements.
- (c) Reporting period defined.
- 7654. Pilot program of assistance for children and families affected by HIV/AIDS.
 - (a) In general.
 - (b) Program requirements.
 - (c) Report.
 - (d) Authorization of appropriations.
- 7655. Pilot program on family survival partnerships.
 - (a) Purpose.
 - (b) Grants.
 - (c) Subgrants.
 - (d) Reports.
 - (e) Funding.
 - (f) Limitation on administrative expenses.

SUBCHAPTER IV—AUTHORIZATION OF APPROPRIATIONS

- 7671. Authorization of appropriations.
 - (a) In general.
 - (b) Availability.
 - (c) Availability of authorizations.
- 7672. Sense of Congress.
 - (a) Increase in HIV/AIDS antiretroviral treatment.
 - (b) Effective distribution of HIV/AIDS funds.
- 7673. Allocation of funds.
 - (a) Therapeutic medical care.
 - (b) Orphans and vulnerable children.
- 7674. Assistance from the United States private sector to prevent and reduce HIV/AIDS in sub-Saharan Africa.

SUBCHAPTER V—INTERNATIONAL FINANCIAL INSTITUTIONS

- 7681. Report on expansion of debt relief to non-HIPC countries.
 - (a) In general.
 - (b) Specific options to be considered.
 - (c) Enhanced HIPC initiative defined.
- 7682. Authorization of appropriations.
 - (a) In general.
 - (b) Availability of funds.

§ 7601. Findings

Congress makes the following findings:

(1) During the last 20 years, HIV/AIDS has assumed pandemic proportions, spreading from the most severely affected regions, sub-Saharan Africa and the Caribbean, to all corners of the world, and leaving an unprecedented path of death and devastation.

(2) According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 65,000,000 individuals worldwide have been infected with HIV since the epidemic began, more than 25,000,000 of these individuals have lost their lives to the disease, and more than 14,000,000 children have been orphaned by the disease. HIV/AIDS is the fourth-highest cause of death in the world.

(3)(A) At the end of 2002, an estimated 42,000,000 individuals were infected with HIV or living with AIDS, of which more than 75 percent live in Africa or the Caribbean. Of these individuals, more than 3,200,000 were children under the age of 15 and more than 19,200,000 were women.

(B) Women are four times more vulnerable to infection than are men and are becoming infected at increasingly high rates, in part because many societies do not provide poor

women and young girls with the social, legal, and cultural protections against high risk activities that expose them to HIV/AIDS.

(C) Women and children who are refugees or are internally displaced persons are especially vulnerable to sexual exploitation and violence, thereby increasing the possibility of HIV infection.

(4) As the leading cause of death in sub-Saharan Africa, AIDS has killed more than 19,400,000 individuals (more than 3 times the number of AIDS deaths in the rest of the world) and will claim the lives of one-quarter of the population, mostly adults, in the next decade.

(5) An estimated 2,000,000 individuals in Latin America and the Caribbean and another 7,100,000 individuals in Asia and the Pacific region are infected with HIV or living with AIDS. Infection rates are rising alarmingly in Eastern Europe (especially in the Russian Federation), Central Asia, and China.

(6) HIV/AIDS threatens personal security by affecting the health, lifespan, and productive capacity of the individual and the social cohesion and economic well-being of the family.

(7) HIV/AIDS undermines the economic security of a country and individual businesses in that country by weakening the productivity and longevity of the labor force across a broad array of economic sectors and by reducing the potential for economic growth over the long term.

(8) HIV/AIDS destabilizes communities by striking at the most mobile and educated members of society, many of whom are responsible for security at the local level and governance at the national and subnational levels as well as many teachers, health care personnel, and other community workers vital to community development and the effort to combat HIV/AIDS. In some countries the overwhelming challenges of the HIV/AIDS epidemic are accelerating the outward migration of critically important health care professionals.

(9) HIV/AIDS weakens the defenses of countries severely affected by the HIV/AIDS crisis through high infection rates among members of their military forces and voluntary peacekeeping personnel. According to UNAIDS, in sub-Saharan Africa, many military forces have infection rates as much as five times that of the civilian population.

(10) HIV/AIDS poses a serious security issue for the international community by—

(A) increasing the potential for political instability and economic devastation, particularly in those countries and regions most severely affected by the disease;

(B) decreasing the capacity to resolve conflicts through the introduction of peacekeeping forces because the environments into which these forces are introduced pose a high risk for the spread of HIV/AIDS; and

(C) increasing the vulnerability of local populations to HIV/AIDS in conflict zones from peacekeeping troops with HIV infection rates significantly higher than civilian populations.

(11) The devastation wrought by the HIV/AIDS pandemic is compounded by the preva-